FOR OFFICIAL USE ONLY
OFFICER PROGRAMS APPLICATION

Applicant's Name (Last, First, MI) _____ Rate/Rank _____ SSN _____

1. Other Last Names Used (i.e., maiden name) _____

2. Indicate program(s) to which you are applying:

___ USNA	___ BOOST	___ Basic ECP	___ MECP (Nurse)
___ NROTC 4 yr	___ BOOST (Nurse)	___ Aviation ECP	___ MSC IPP (Check Program)
___ NROTC 2 yr	___ STA	___ Nuclear ECP	___ Health Care Administration
___ NROTC (Nurse) 4 yr	___ OCS	___ Civil Engineer	___ Physician Assistant
___	___	___ Corps ECP	___ LDO
			___ CWO

3. Desired Community/Designator (Required for OCS, NECP, LDO/CWO applicants. Optional for all other programs.)
(NROTC, BOOST applicants can only choose URL community.)
   a. _____   b. _____   c. _____

PERSONAL INFORMATION

4. Gender (Check one option)
   ___ **Male**   ___ **Female**

5. Date of Birth
   _____
   (dd/mm/yy)

6. Citizenship
   a. U.S. Citizen? Yes/No _____
   b. Place of Birth _____
         (Not Req for LDO/CWO)
   c. If a naturalized citizen, provide the following:
      (1) Naturalization number: _____
      (2) Place where naturalized: _____
      (3) Date of naturalization: _____
   d. Citizenship certificate? Yes/No _____
      If yes, provide certificate number and attach
verification of birth (DD 372).

7. Marital Staus (Check one option)

   Married ____
   Divorced ____
   Separated ____
   Single ____

8. Number of Dependents (Not Required for LDO/CWO/ STA/ Basic ECP/AECP/ MECP, MSC)

   ___ Spouse
   ___ No. of dependent children
   ___ No. of other dependents Explain:

9. State of Legal Resident (Applicable to Basic ECP, AECP, NECP, and STA only)

   _____

   _____

10. UIC _____

11. PRD _____
   (mm/yy)

12. Command Address (FPO/APO address)
Name of Command _____
Street _____
City _____ State _____
Zip Code _____

Phone/DSN: _____
Fax: _____
E-mail: _____

13. Current Mailing Address (Home)
Street _____
City _____ State _____
Zip Code _____
Phone: _____

Fax: _____

E-mail: _____

14. Race (Check one)
   ____White   ____Black   ____Asian/Pacific Islander   ____ Native Alaskan/Am. Indian
   ____ Hispanic   ____ Filipino   ____ Other   ____ Unknown

Applicant's Name (Last, First, MI)_____Rate/Rank_____SSN_____

NAVAL ACADEMY (not applicable to other programs)

15. **State of Legal residency and Congressional District** _____
16. **Naval Academy Preparatory School (NAPS)**
    Would you like to be considered for the Naval Academy Preparatory School if found not scholastically qualified for direct entrance to the Naval Academy? Yes ___ No ___

MILITARY INFORMATION

17. **Date of Rate** _____
               (dd/mm/yy)

18. **Branch of Service and Component** (Check appropriate block)
    ___ USN ___ USNR ___ USNR(TAR) ___ USNR-R ___ USMC _____ Other (Specify)

19. **Warfare Qualification(s)**
    (1) _____ (2) _____ (3) _____ (4) _____

20. **Active Duty Service Date** _____
              (dd/mm/yy)

21. **TESTING SCORES** (See specific chapters per officer program) (Not required for LDO/CWO)

TEST	SCORES	TEST	SCORES
AFQT		SAT/ACT	
VE		GRE/GMAT	
AR		P/FOFAR	
		P/FOBI	
		OAR	
		AQT	

22. **PRT INFORMATION** (Not required for LDO/CWO)

Provide the following information for the last three (3) consecutive official PRTs.

Date of PRT	Final Score	Overall Score	Run/Swim	Sit ups	Push ups	Height	Weight	Percent Body Fat
		O E G S F						
		O E G S F						
		O E G S F						

PRT Coordinator (Print Name and Rate/Rank)_____

PRT Coordinator Signature and date: _____

23. **DUTY ASSIGNMENT HISTORY (List last 5 commands)**

Dates (from/to)	Position (Primary Duty)	Command
PRESENT		

*attach separate sheet if more space is necessary

Applicant's Name (Last, First, MI)_____Rate/Rank_____SSN _____

EDUCATION

24. HIGH SCHOOL: (Attach one certified copy of each high school transcript(s) and GED certificate.) (For LDO/CWO: attach proof of GED if not a High School Graduate)
    a. High School Graduation Date_____ (dd/mm/yy)_____
    b. High School(s) Attended (Name and location):
        (1) _____
        (2) _____
        (3) _____
    c. GED Date
               (dd/mm/yy)

25. COLLEGE: (Attach one certified copy of all college transcript(s))
    a. Associates Degree _____ Date of Degree_____
    b. Bachelor's Degree _____ Major _____ Date of Degree_____
    c. Number college credits if Bachelor's Degree is not complete _____
    d. Anticipated date of graduation if Bachelor's Degree is not complete _____
    e. Graduate Degree _____ Major _____ Date of Degree_____

26. Degree Preference (Not required for OCS, LDO/CWO)
    a. Desired Course of Study (Major) _____
    b. University Preference(s):
        (1)_____
        (2)_____
        (3)_____
        (4)_____

PERSONAL HISTORY

27. Personal Awards (Attach one copy each of award citation)

Award	Command (Short Title)	Date Awarded

* attach separate sheet if more space is necessary

28. Service Schools (If applicable, attach copy of SMART Transcript)

Name and Location of Service Schools Attended	Date of School	Class Standing (if applicable)

* attach separate sheet if more space is necessary

29. Correspondence Courses (Exclude rate required courses)

Correspondence Course Title	Date of Completion

* attach separate sheet if more space is necessary